

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL049010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/01/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CROWN COLONY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>291 COMMERCIAL DRIVE MOORESVILLE, NC 28115</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>This is a Report of a Biennial Construction Survey conducted by Greg Cates on October 1, 2015.</p> <p>Based on information gathered from our files, the Facility was first licensed on July 24, 1997 for Sixty (60) residents. Based on this information, we are requiring the original facility to meet the 1996 Minimum Standards and Regulations for Homes for the Aged and Disabled and the 1996 North Carolina State Building Code, Section 409-Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS</p> <p>The physical plant requirements for each adult care home shall be applied as follows:</p> <p>(2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain adequate clearance in front of the</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 101	Continued From page 1  electrical panels. This may not allow easy access to the panels in the event of an emergency.  a- There are desks in front of the panels with stacked items directly in front of the electric panels.	C 101		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin.  Findings on include:  a- In the Sprinkler Riser Room, there are gaps around the pipes that have been sealed with a foam product. b- The metal escutcheons for the pipes above the water heater in the Janitorial Room have fallen down, exposing the gaps in the rated ceiling.  2- Based on observations, the facility has failed to	C 189		

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C 189	<p>Continued From page 2</p> <p>maintain the building electrical system safe and operating.</p> <p>Findings include:</p> <p>a- The GFCI protected receptacle in the Bathroom of Room C-1 trips but will not re-set.</p> <p>3- Based on observations, the facility has not maintained the plumbing system safe and operating.</p> <p>Findings include:</p> <p>a- The sink in the Beauty Shop has a hose attachment that is not protected by a back-flow device.</p> <p>4- Based on observations, the facility has failed to ensure that the doors operate correctly to prevent the passage of fire or smoke.</p> <p>Findings include:</p> <p>a- The door leading to the Dining Room from the Kitchen is being held open with the use of a wedge device.</p> <p>5- Based on observations, the facility has failed to maintain the fire and smoke doors to prevent the passage of fire or smoke. This affects all occupants of the building in the event of a fire emergency.</p> <p>Findings include:</p> <p>a- The left smoke door leading to C-wing rubs the frame and will not close and latch.</p>	C 189		

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C 199 C 199	<p>Continued From page 3</p> <p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ol style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ol> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition. This may affect all persons in the building as it prevents the exhausting of odors and possible bacteria or germs that may cause illness.</p> <p>Findings include:</p> <p>a- The exhaust fan in the Soiled Linen Room is not working.</p>	C 199 C 199		